

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005148

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 4038 Primary Registration District No. 30 Registrar's No. 13  
**FILED FEB 25 1963**

VS 300  
Rev. 4/59

1 0080  
2 0710  
3 2  
4 0  
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7 0  
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9 1538  
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12 86-0  
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
DATE AMENDED  
INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Warsaw</u>		c. CITY OR TOWN <u>Versailles</u>	
Length of stay in 1b <u>6 weeks</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Oak Haven Rest Home</u>		d. STREET ADDRESS (If outside, give location) <u>8 M. N. Versailles</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Woodrow</u> Middle <u>Wilson</u> Last <u>Gabriel</u>		4. DATE OF DEATH Month <u>Feb.</u> Day <u>20</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-6-15</u>
9. AGE (last birthday) <u>47</u>		10. IF UNDER 1 YEAR Months <u>2</u> Days <u>14</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U. S. Army</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>0</u>	
11. BIRTHPLACE (City and state or country) <u>Climax Springs, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Owen Gabriel</u>		13b. MOTHER'S MAIDEN NAME <u>Myrtle Jane Jackson</u>	
14. NAME OF HUSBAND OR WIFE <u>Never Married</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	
16. SOCIAL SECURITY NO. <u>98</u>		17. INFORMANT <u>Dorsey Campbell Versailles, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of the</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinoma, colon</u> DUE TO (c) <u>1 year</u>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>12:45</u> a.m. <u>1</u> p.m. <u>1</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Warsaw, Mo.</u>	
21. I attended the deceased from <u>JAN 63</u> to <u>FEB 63</u> and last saw him alive on <u>2-18-63</u>		22. DATE SIGNED <u>2/22/63</u>	
Death occurred at <u>12:45</u> <u>pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>2/22/63</u>	
22a. SIGNATURE <u>W. B. Anderson</u>		22b. ADDRESS <u>Warsaw, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>22 Feb. 63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Versailles Cemetery</u>		23d. LOCATION (City, town, or county) <u>Versailles, Missouri</u>	
24. FUNERAL DIRECTOR <u>Kidwell Funeral Home Versailles, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2/22/63</u>	
26. REGISTRAR'S SIGNATURE <u>Jos. A. Logan</u>		27. REGISTRAR'S SIGNATURE <u>Jos. A. Logan</u>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

APR 2 1963

MAR 1 1963

JUN 22 1963

MAR 18 1963

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Le Roy Davis, Student Embalmer No. 659  
working under my personal supervision.

Student Le Roy Davis  
Signature of Student Embalmer

Signed Eugene E. Eastman

Licensed Embalmer No. 4021  
P. O. Address Versailles, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.